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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**  
**Before the Board of Patent Appeals and Interferences**

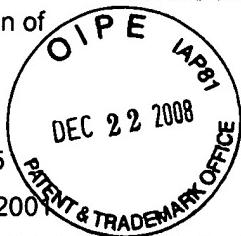
In re Patent Application of

VON BORSTEL

Serial No. 09/763,955

Filed: February 28, 2007

Title: COMPOSITIONS AND METHODS FOR TREATMENT OF MITOCHONDRIAL  
DISEASES



Atty Dkt. LCM-1331-334  
C# M#  
Confirmation No. 3848

TC/A.U.: 1623

Examiner: Patrick T. Lewis

Date: December 22, 2008

**Mail Stop Appeal Brief - Patents**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

**Correspondence Address Indication Form Attached.**

**NOTICE OF APPEAL**

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the Examiner twice/finally rejecting \$540.00 (1401)/\$270.00 (2401) \$ applicant's claim(s).

An appeal **BRIEF** is attached in the pending appeal of the above-identified application \$540.00 (1402)/\$270.00 (2402) \$ 540.00

Credit for fees paid in prior appeal without decision on merits -\$ ( )

A reply brief is attached. (no fee)

Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s)

One Month Extension \$130.00 (1251)/\$65.00 (2251)

Two Month Extensions \$490.00 (1252)/\$245.00 (2252)

Three Month Extensions \$1110.00 (1253)/\$555.00 (2253)

Four Month Extensions \$1730.00 (1254)/\$865.00 (2254) \$

"Small entity" statement attached.

Less month extension previously paid on -\$ ( )

**TOTAL FEE ENCLOSED \$ 540.00**

**CREDIT CARD PAYMENT FORM ATTACHED.**

Any future submission requiring an extension of time is hereby stated to include a petition for such time extension. The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our **Account No. 14-1140**.

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LCM:Iff

NIXON & VANDERHYE P.C.  
By Atty: Leonard C. Mitchard, Reg. No. 29,009

Signature: \_\_\_\_\_

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